U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
1. File Number U - 12/3 9	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Francis X Callahan, Jr.	Name Massachusetts Building Trades Council, AFL-CIO	
	Labor Organization File Number 542-755	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 105 Highland Avenue	Street 256 Freeport Street	
City Arlington	City Dorchester	
State Massachusetts ZIP Code + 4 02476-7823	State Massachusetts ZIP Code + 4 02122	
5. Position in labor organization. Legislative Director		
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic honest of	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZiP Code + 4		
Signature (Signature (
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Har Calla R	on \$/15/05 G17 436-355/	
, , ,	Date Telephone Number	

Name of Person Filing Francis Callahan, Jr.	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Blue Cross Blue Shield of Massachusetts Trade Name, if any: P.O. Box, Bldg., Room No., If any Street Landmark Center, 401 Park Drive City Boston State Massachusetts ZIP Code + 4 02215	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Provides health insurance coverage Mass Building Trades Council.	e to employees of	
Trade Name, if any:		QUANTAL AND	
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing,	\$42,235	
City	12.a. Nature of interest held or income received.	942,233	
State ZIP Code + 4	SALES CONTRACTOR CONTRACTOR OF A CONTRACTOR OF	estimate) estimate)	
	12.b. Amount,	### / June 1984 - June 1985 - June 1985 - Vertraußer von der ernalber von	
	12.b. Amount.	\$319	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
	Golf Outing	William Community of the Community of th	
Name Construction Industries of Massachusetts		er o examination - virgin	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		od district recognitions	
Street 1500 Providence Highway, Suite 14	ar visit and a second a second and a second		
City Norwood		de mais (Number).	
State Massachusetts ZIP Code + 4 02062			
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.	\$175	